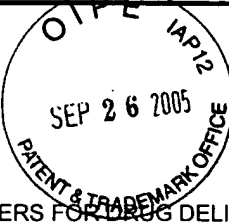


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

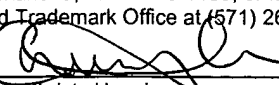
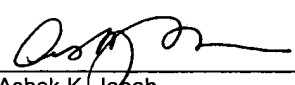
2W
1617

In re application of: Weers et al. Application No: 09/851,226 Confirmation No: 4017 Filed: 05/08/2001 Title: PHOSPHOLIPID-BASED POWDERS FOR DRUG DELIVERY		Group No: 1617 Examiner: San Ming R. Hui Attorney Docket No: NK.73.00 Thursday, September 22, 2005 San Francisco, CA 94107
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Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
Papers Enclosed <input checked="" type="checkbox"/> Amendment Associate Power of Attorney Statement Notice of Appeal (form PTO/SB31) 0 Drawings Supplemental Information Disclosure Statement PTO-SB08 Form Citations Terminal Disclaimer Postcard for Return (1) <input checked="" type="checkbox"/> Declaration	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	One Month	\$120.00	\$60.00
	Two Months	\$450.00	\$225.00
	<input checked="" type="checkbox"/> Three Months	\$1,020.00	\$510.00
	Total \$ 1,020.00		
	Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	75	81	0	\$50.00	\$25.00	\$0.00
Independent Claims	7	7	0	\$200.00	\$100.00	\$0.00
Multiple Dependent Claims			0	\$300.00	\$150.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

*No news claims in the present amendment, but claims were miscounted in the last amendment transmittal

Fee Payment		Fee Deficiency	
Extension Fees	\$1,020.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00		
Total	\$1,020.00		
Attached is check no. _____ in the sum of <u>\$0.00</u> . <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <u>\$1,020.00</u> .		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Michael Einschlag Nektar Therapeutics 150 Industrial Road San Carlos, CA 94070.	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571) 263-8300 on the date shown below.		Respectfully Submitted,	
By:  Christy Hennigan	Date: <u>September 22, 2005</u>	By:  Ashok K. Janah Registration No. 37,487	Date: <u>September 22, 2005</u>